

U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9974	2 Faret Very Coursed From			
The Number of 1999	2 Fiscal Year Covered From			
	[1]			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Richard M Feller	Name Amer can Fideration of State, County + Mun que Employees 1 Labor Organization File Number 000-289			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 4705	Street 1625 L Street, NW			
City Wash ngton	City Washington			
State DC ZIP Code + 4 20016	State DC - ZIP Code + 4 2 0036			
5 Position in labor organization Assoc ate D rector of Poltical Action Department				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any				
PO Box Bldg Room No If any	7 b Amount			
Street				
City				
State ZIP Code + 4				
Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)				
Signed ////////////////////////////////////	On 8 11 05   202   429-1000   Telephone Number			



Name of Person Filing 72 chard M Feller	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name W' ~ ~ ~ ~ D' rections	a Labor Organization		
Trade Name if any	b Trust	Í	
P O Box Bldg Room No if any	c Employer		
Street 2700 5 Quacy Street, Ste Syo			
State UA ZIP Code + 4 [22206]			
State VA ZIP Code + 4 ZZZO6		*	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Dreet man vendor that handles		
Trade Name if any	some it un on's mal		
PO Box Bidg Room No if any			
Street	11 b Approximate dollar value of such dealing	[ 2 ]	
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Gf+ (fleece Jacket)		
	12 b Amount	± 43.00	
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value — —		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			
Trade Name if any			
PO Box Bldg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		



Name of Person Filing Richard M Feller	File Number U		
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8 Name and address of Business (including trade name if any)	9 Business deals with		
Name Botes Ne, mand Inc	a Labor Organization		
Trade Name if any	b Trust		
Street 1025 Vermont Avenue, NW Ste 830	c Employer		
State DC ZIP Code +4 Z0005	alle and a second a	مه ند سختر	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Direct mal vendor that	handles	
Trade Name if any	some of union's mal		
PO Box Bldg Room No If any			
Street	11 b Approximate dollar value of such dealing	7	
City	12 a Nature of interest held or income received		
State ZIP Code + 4	DAMER		
	12 b Amount	B 100 00	
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value	يوني مالينت . ده ماينت	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			
Trade Name if any			
P O Box Bidg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		

Richard M Feller File Number U Name of Person Filing B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Kelly Press Inc a Labor Organization Trade Name If any b Trust P O Box Bldg Room No if any c Employer 1701 Cab's Branch Drive 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Prints some of un one material Name Trade Name if any PO Box Bldg Room No If any Street 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received ZIP Code + 4 Dinner \$ 111 08 State Gift (collar stays) \$ 29 as HZSZ ZI Gotal 12 b Amount C Received from any employer (other than an employer covered under parts A and B above)\_\_\_ or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bldg Room No if any Street City ZIP Code + 4 State 14 b Amount of payment 13 b Is the Business an Employer or Consultant